

MEETING AND EVENT CANCELLATION INSURANCE APPLICATION

APPLICANT INFORMATION – Organization Holding the Event

1. Name of Organization _____
2. Address/City, State _____ Zip _____
3. Phone No. _____ Fax No. _____
4. Email _____

EVENT(S) TO BE INSURED

5. Name of Event: _____
6. Type of event:
Convention Trade Show Consumer Show Other (Please Describe) _____
7. Location (Venue, City, St) _____ Zip _____
8. Dates of Event: From: _____ To: _____
9. Budgeted Gross Revenue \$ _____
10. Total Budgeted Expenses \$ _____
11. What percentage of your gross revenue comes from: Exhibitor Fees: _____ Gate receipts _____
12. Do the above sums represent the full extent of your financial responsibilities? Yes No
13. How many years has this event been held under present management? _____ Years

For events with budgets of \$250,000 or more, please provide a copy of the revenue and expense budget

ADDITIONAL INFORMATION

14. Is the event open to the public? Yes No
15. Does the event include any teleconferencing? Yes No
16. Will the event be held outdoors and/or under canvas? Yes No
17. Will adverse weather preclude the fulfillment of the event? Yes No
18. Is the venue currently under construction or will it be under construction prior to the event?
Yes No If yes provide details _____
19. Have all necessary arrangements for the successful fulfillment of the event been made? Yes No
20. Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? Yes No
21. Has the event to be insured sustained an insured loss in the last 5 years? Yes No
If yes please provide full details and amount of claim:
22. Would the non-appearance of any individual preclude the successful fulfillment of the event? Yes No
23. Is the applicant aware of any circumstances, actual or threatened that may possibly result in a claim under this insurance? Yes No

DECLARATION

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the insurance. I understand that signing this application does not bind me to complete the insurance but agree that should an insurance policy be issued, this application and the statements made therein shall form the basis of the insurance.

Name _____ Signature _____

Title _____ Date _____

ADDITIONAL COMMENTS

ADDITIONAL MEETINGS OR EVENTS TO BE INSURED

Name of Event: _____

Type of event:
Convention Trade Show Consumer Show Other (Please Describe) _____

Location (Venue, City, St) _____ Zip _____

Dates of Event: From: _____ To: _____

Budgeted Gross Revenue \$ _____

Total Budgeted Expenses \$ _____

What percentage of your gross revenue comes from: Attendees Fees: _____ Gate receipts _____

Do the above sums represent the full extent of your financial responsibilities? Yes No

How many years has this event been held under present management? _____ Years

For events with budgets of \$250,000 or more, please provide a copy of the revenue and expense budget.

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